ENDOWMENT FOR THE
AMERICAN
BIRKEBEINER

DONATION AGREEMENT

Foundation for the Endowment of the American Birkebeiner
10527 Main Street, PO Box 911, Hayward, WI 54843
715-634-5025 | louise.droessler@birkie.com

The Parties to this Agreement are:

_____ _____
Name *("Donor")* and Name

and

Foundation for the Endowment of the American Birkebeiner, 10527 Main Street, PO Box 911, Hayward, WI 54843

The Foundation for the Endowment of the American Birkebeiner (FEAB) acknowledges the generosity of Donor and thanks Donor for this gift.

Through this Agreement the Parties are memorializing the terms of Donor's gift to the Foundation for the Endowment of the American Birkebeiner.

Donor agrees to donate $_____ to FEAB to be paid as follows:

_____

_____

Donor agrees to be bound by the terms of this Donation Agreement and acknowledges that Donor is obligated to pay the Donation as specified, and that all expenses related to the payment of this Donation are the obligation of the Donor.

Donor requests that FEAB use these funds for *(if left blank the funds will be used for the qualified non-profit purposes of the* FEAB):The Priority (General)

- ☐ Fund and 50 for 50 Donors
- ☐ The Schwartz Miller Scholarship Endowment
- ☐ Bidwell Engebretson Tusen Takk Volunteer Fund
- ☐ The Steve Gordon Tony Wise Museum Legacy Fund
- ☐ The Pierce & Lampman Birkie Trail Fund

Please check one or more boxes and provide any additional instructions about the acknowledgement for this Donation:

- ☐ Donor would like this contribution to remain anonymous.
- ☐ Donor wants the FEAB to recognize this gift in honor of_____.
- ☐ Donor wants to be recognized as follows:_____.

FEAB is a 501(c)(3) non-profit organization and this gift is tax deductible to the fullest extent provided by law.

Through their signatures below the Parties agree to be bound by the terms of this Agreement.

Donor(s)

_____ _____
Name Date

_____ _____
Name Date

On Behalf of FEAB

_____ _____
Name Date